



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

July 18, 2014

Jeanne Schmelzenbach, Administrator  
Loretto Home  
59 Meadow Street  
Rutland, VT 05701-3994

Provider #:

Dear Ms. Schmelzenbach:

The Division of Licensing and Protection conducted an onsite complaint investigation on **July 16, 2014**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **July 16, 2014** and there were no regulatory violations related to the complaint allegations.

Sincerely,

Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/16/2014
NAME OF PROVIDER OR SUPPLIER  LORETTO HOME		STREET ADDRESS, CITY, STATE, ZIP CODE  59 MEADOW STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite complaint investigation was conducted on 7/16/14 by the Division of Licensing and Protection. No regulatory violations were identified.	R100		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE